



# STATE OF ARIZONA

## REQUEST FOR QUOTATION

### FAX ON DEMAND

QUOTATION NUMBER DC040307DUE DATE March 2, 2004 AT 5:00 P.M. M.S.T.**MAILING ADDRESS:**

ARIZONA DEPARTMENT OF CORRECTIONS  
1601 W. JEFFERSON, MAIL CODE 55302  
ATTN: CENTRAL PURCHASING UNIT  
PHOENIX, ARIZONA 85007

**HAND DELIVERY - OVERNIGHT MAIL**

ARIZONA DEPARTMENT OF CORRECTIONS  
1645 W. JEFFERSON  
4<sup>th</sup> FLOOR, SUITE 4401  
PHOENIX, ARIZONA 85007

In accordance with A.R.S. § Title 41, Chapter 23 A.A.C.R.2-7-336; quotations for the materials or services specified will be received by the Department of Corrections, at the above specified location, until the time and date cited.

Quotations must be in the actual possession of the Department of Corrections on or prior to the time and date, and at the location indicated above. Late quotations will not be considered.

All quotations must be completed in ink or typewritten, delivered to the above address. Quotations may also be returned via facsimile to 602-364-3780. Additional instructions for preparing a quotation are provided in Instruction for Quotations.

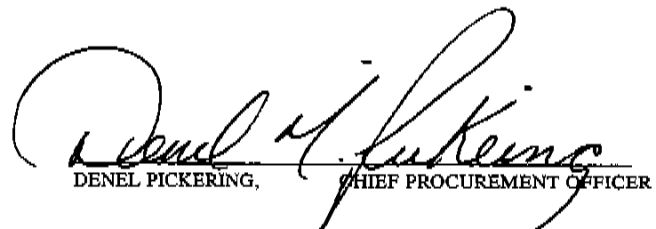
**OFFERORS ARE STRONGLY ENCOURAGED TO CAREFULLY READ THE ENTIRE QUOTATION.**

REQUESTING AGENCY: Arizona State Prison Complex - Community CorrectionsMATERIAL, SERVICE AND/OR CONSTRUCTION: Alcohol Saliva TestCONTRACT TYPE: Firm Fixed PriceCONTRACT TERM: Annual Requirement with Option for Renewal

  
BUYER : Margie Silva

(602) 542-1172  
PHONE

February 18, 2004  
DATE

  
DENEL PICKERING,  
CHIEF PROCUREMENT OFFICER

**OFFER AND ACCEPTANCE****ARIZONA DEPARTMENT  
OF CORRECTIONS****QUOTATION NO.****DC040307****OFFER**

**SUBMIT THE ORIGINAL OF THIS FORM TO THE DEPARTMENT OF CORRECTIONS, 1601 WEST JEFFERSON, MAIL CODE 55302, PHOENIX, ARIZONA 85007.**

The Undersigned hereby offers and agrees to furnish the material, service or construction in compliance with all terms, conditions, specifications and amendments in the Solicitation and any written exceptions in the offer.

**SALES TAX PERCENT:** \_\_\_\_ %. (See Instructions for Quotations, Paragraph 4.)

Arizona Transaction (Sales) Privilege Tax

For clarification of this offer, contact:

License No.: \_\_\_\_\_

Name: \_\_\_\_\_

Federal Employer Identification

Phone: \_\_\_\_\_

No.: \_\_\_\_\_

Fax #: \_\_\_\_\_

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Signature of Person Authorized To Sign Offer

\_\_\_\_\_  
Address

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Title

Small business certification: Vendor is \_\_\_\_\_ /is not \_\_\_\_\_ a small business (less than 100 employees \_\_\_\_\_ or has gross revenues of \$4 million or less \_\_\_\_\_.)

**ACCEPTANCE OF OFFER**

The Offer is hereby accepted.

The Contractor is now bound to sell the materials or services listed by the attached contract and based upon the solicitation, including all terms, conditions, specifications, amendments, etc. and the Contractor's Offer as accepted by the State.

**Alcohol Saliva Test for Community Corrections**

This contract shall henceforth be referred to as Contract No. DC040307. The Contractor has been cautioned not to commence any billable work or to provide any material or service under this contract until Contractor has received purchase order or contract release document.

State of Arizona, Department of Corrections

Awarded this \_\_\_\_ Day of \_\_\_\_\_ 2004

\_\_\_\_\_  
Denel Pickering, Chief Procurement Officer

# STATE OF ARIZONA

## Instructions For Quotations

1. **SUBMISSION:** Quotations shall be signed where applicable and received as designated on the cover page no later than as indicated.
2. **OPENING:** This is an informal Quotation which will not be read at a public opening; however, the information may be publicly reviewed after an award.
3. **STANDARD PROVISIONS:** The State of Arizona's Uniform General Terms and Conditions where applicable, are a part of this document as if fully set forth herein. Copies of these documents are available from the Department of Corrections, Purchasing Office.
4. **TAXES:** The State of Arizona is exempt from Federal Excise Tax, including Federal Transportation Tax, Sales Tax, if any, should be indicated as a separate item.
5. **QUOTE REJECTION:** The State reserves the right to reject any, or all, Quotations, combinations of items, or lot, and to waive defects or informalities.
6. **BRAND NAMES:** Any manufacturer's names, trade names, brand names or catalog numbers used in the specifications are for the purpose of describing and establishing the general quality level, design and performance desired. Such references are not intended to limit or restrict bidding by other vendors but are intended to approximate the quality design or performance which is desired. Any Quotation which proposes like a quality, design or performance will be considered. If the description of your offer differs in any way, you must give a complete detailed description of your Quotation including pictures and literature where applicable. Unless a specific exception is made, the assumption will be that you are bidding exactly as specified on the Request for Quotation.
7. **ERASURES:** Erasures, interlineations or other modifications must be initialed by the individual signing the Request for Quotation.
8. **UNIT PRICE:** In case of error in the extension prices in the Quotation, the unit price will govern. No Quotation shall be altered, amended or withdrawn after the specific date and time for receiving Quotations. Negligence by the Vendor in preparing the Quotation confers no right for the withdrawal of the Quotation after it has been opened.
9. **PAYMENT DISCOUNT:** Payment discount periods will be computed from the date of receipt of materials or services or correct invoice, whichever is later, to the date State's warrant is mailed. Unless freight and other charges are itemized, any discount provided will be taken on full amount of invoice. Payment discounts of thirty (30) calendar days or more will be deducted from the Quotation price in determining the low quote. However, the State shall be entitled to take advantage of any payment discount offered by the Vendor provided payment is made within the discount period.
10. **SOURCE SELECTION:** This procurement is restricted to small business. A small business is one that, including its affiliates is independently owned and operated, is not dominant in the type of business it conducts, and which employs fewer than 100 full time employees or which has gross receipts of less than \$4 million in its last fiscal year.
11. **SOURCE SELECTION CLARIFICATION:** Source Selection will apply only if Small Business Requirements under A.R.S. §41-2535, R2-7-335 are applicable for dollar amounts between \$1,000.00 and \$25,000.00

**SPECIAL TERMS AND CONDITIONS****ARIZONA  
DEPARTMENT OF CORRECTIONS****SOLICITATION NO. DC040307****PAGE NO. 1****1 SPECIAL TERMS AND CONDITIONS****1.1 Purpose**

1.1.1 Pursuant to provisions of the Arizona Procurement Code, A.R.S. § 41-2501, ext. seq., the State of Arizona intends to establish a contract for **Alcohol Saliva Test for Community Corrections.**

**1.2 Questions, Clarifications or Interpretations**

1.2.1 Any doubt as to the requirements of the Fax on Demand or any apparent omissions or discrepancies shall be presented to the Department of Corrections Purchasing Office in writing. The Department will then determine the appropriate action necessary, if any, and issue a written amendment to the Fax on Demand.

1.2.1.1 Any questions relating to the solicitation should be sent to the following:

Address:	Mailing Address: 1601 W. Jefferson, Mail Code 55302, Phoenix, AZ 85007
Phone:	602-542-1172
Fax:	602-364-3780

**1.3 Shipping Terms**

1.3.1 Vendor is requested to submit his best price, Delivered, F.O.B. Destination, Freight Prepaid to the previously cited location(s).

**1.4 Delivery**

1.4.1 As delivery will be an important consideration in awarding this bid, vendor shall indicate his best delivery time below:

Delivery time: \_\_\_\_\_ days after receipt of Purchase Order.

**1.5 Delivery Acceptance**

1.5.1 Delivery shall be accomplished between the hours of 8:00 a.m. to 3:00 p.m., Monday through Friday only, except holidays.

**1.6 Brand Name**

1.6.1 Reference made to items, identified by trade name, is intended to show kind and quality of products desired and is not intended to be restrictive or limit competition. The use of brand names or manufacturer's catalog references shall be construed as quality level, method and type of performance and does not indicate that item cited is mandatory. **Products substantially equivalent to those designated shall qualify for consideration.**

**SPECIAL TERMS AND CONDITIONS****ARIZONA  
DEPARTMENT OF CORRECTIONS****SOLICITATION NO. DC040307****PAGE NO. 2****1.7 Term of Contract**

1.7.1 The term of any resultant contract should commence on the date of award and shall continue for a period of one (1) year thereafter, unless terminated, canceled or extended, as otherwise provided herein.

**1.8 Contract Extension**

1.8.1 By mutual written agreement, any resultant contract may be extended for supplemental periods of 12 months, up to a maximum of 48 months.

**1.9 Price Reduction**

1.9.1 A price reduction adjustment may be offered at any time during the term of a contract and shall become effective upon notice.

**1.10 Cancellation**

1.10.1 The Department of Corrections reserves the right to cancel the whole or any part of this contract due to failure by the contractor to carry out any obligation, term or condition of this contract. The Department of Corrections will issue written notice to the contractor for acting or failing to act as in any of the following:

- ° The contractor provides material that does not meet the specifications of this contract;
- ° The contractor fails to adequately perform the services set forth in the specifications of this contract;
- ° The contractor fails to complete the work required or to furnish the materials required within the time stipulated in the contract;
- ° The contractor fails to progress in the performance of this contract and/or gives the Department of Corrections reason to believe that the contractor will not or cannot perform to the requirements of the contract.

Upon receipt of the written notice of concern, the contractor shall have ten (10) days to provide a satisfactory response to the Department of Corrections. Failure on the part of the contractor to adequately address all issues of concern may result in the Department of Corrections resorting to any single or combination of the following remedies:

**SPECIAL TERMS AND CONDITIONS****ARIZONA  
DEPARTMENT OF CORRECTIONS****SOLICITATION NO. DC040307****PAGE NO. 3****Cancellation Cont'd**

- Cancel any contract;
- Reserve all rights or claims of damage for breach or any covenants of the contract;
- Perform any test or analysis on materials for Compliance with the specifications of this contract. If the results of any test or analysis find a material non-compliant with the specifications, the actual expense of testing shall be borne by the contractor;

In case of default, the Department of Corrections reserves the right to purchase materials or to complete the required work in accordance with the Arizona Procurement Code. The Department of Corrections may recover any actual excess costs from the contractor or by:

- Deduction from unpaid balance;
- Collection against the bid and/or performance bond, or;
- Any combination of the above or any other remedies as provided by law.

**1.11 CRIPA**

1.11.1 The Arizona Department of Corrections (ADC ) entered into an agreement with the Department of Justice regarding the matter of United States of America vs. Department of Corrections, et al. (Civil Action No. 97-476-PHX-ROS). The agreement affects all correctional and non correctional staff with female inmate contact, including contract providers.

- 1.11.1.1 The areas that impact the contract are: 1) backgrounds on existing staff; 2) stringent pre-employment screening practices for future staff; 3) pre-service and in-service training; 4) mandatory staff participation in sexual misconduct investigations; and 5) minimization of one on one situations where a female inmate and male staff are alone together.

**SPECIAL TERMS AND CONDITIONS**

ARIZONA

DEPARTMENT OF CORRECTIONS

**SOLICITATION NO. DC040307****PAGE NO. 4****CRIPA Cont'd****THE AGREEMENT REQUIRES:**

- 1.11.1.2 Background checks on all current non-correctional staff with female inmate contact. Any staff that has been convicted of or pled guilty to any felony charge from contact with a female inmate will be removed from their position.
- 1.11.1.3 All future staff with significant female inmate contact will require extensive pre-employment screening.
- 1.11.1.4 All ADC contractors will now be required to provide for each new applicant: 1) a complete background questionnaire to include drivers license number and record, past employment, past education, references, criminal arrest and criminal record; 2) be fingerprinted and screened by the Federal Bureau of Investigations; 3) NCIC/ACIC records check including law enforcement agency check or agencies where applicant has lived; 4) military discharge status; 5) investigation of whether applicant has ever worked in ADC prisons, and if so, whether they were the subject of investigations and allegations of inappropriate staff-inmate behavior; and, 6) tests to access personality to be scored by a professional psychologist.
- 1.11.1.5 ADC will perform the background checks at no charge to the contractor, however, the contractor is responsible for the psychological testing, analysis, and personal interviews that may be required as a result of an appeal and submission of the scoring/report for review by the Department, prior to finalization of the hiring process.
- 1.11.1.6 All current and future contract staff will be required to view a video describing inappropriate staff-inmate behavior. There will be a requirement that all staff will acknowledge in writing viewing of the video. ADC will provide the video to contract providers.

**SPECIAL TERMS AND CONDITIONS**

ARIZONA

DEPARTMENT OF CORRECTIONS

**SOLICITATION NO. DC040307****PAGE NO. 5****CRIPA Cont'd**

1.11.1.7 Pre-employment training will include at least eight (8) hours of specific topics relating to inappropriate staff-inmate behavior. ADC's video will be included in the curriculum. (Subject to clarification at a later date by the parties to the agreement, the training may be made part of the New Employee training to be provided within the first sixty (60) days of employment.)

1.11.1.8 ADC will provide the selected contractor with a copy of the lesson plan for their use. The plan will include the topics and procedural changes affecting staff working with female inmates. In-service training covering inappropriate staff-inmate behavior and viewing of video. The number of hours for in-service will be determined at a later date.

1.11.1.9 ADC will also provide a copy of the lesson plan for use by the contractor.

1.12 **Estimated Quantities**

1.12.1 The Department anticipates considerable activity resulting from contract(s) that will be awarded as a result of this solicitation, however, no commitment of any kind is made concerning quantities actually acquired and that fact should be taken into consideration by each potential contractor.

1.13 **Multiple Awards**

1.13.1 In order to assure that any ensuing contracts will allow the agency to fulfill current and future requirements, the agency reserves the right to award contracts to multiple companies. The actual utilization of any contract will be at the sole discretion of the agency. The fact that the agency may make multiple awards should be taken into consideration by each potential contractor.

1.14 **Inventory**

1.14.1 The Department of Corrections has an ongoing requirement for the materials indicated in this solicitation. It is an express condition of any award that a contractor shall maintain a reasonable stock on hand for delivery to the requesting institution(s). Failure to maintain such a stock may result in cancellation.



**SPECIAL TERMS AND CONDITIONS****ARIZONA  
DEPARTMENT OF CORRECTIONS****SOLICITATION NO. DC040307****PAGE NO. 6****1.15 Insurance**

1.15.1 The successful contractor will be required to provide the following Certificate of Insurance within five (5) days after receipt of written notice of intent to award this contract. The contractor must furnish the State, certification from insurer(s) for coverage in the minimum amounts as stated below. The coverage shall be maintained in full force and effect during the term of this contract and shall not serve to limit any liabilities or any other contractor obligations.

**GENERAL LIABILITY INCLUDING**

COMPREHENSIVE FORM  
PREMISES OPERATIONS  
CONTRACTUAL  
INDEPENDENT CONTRACTOR  
PRODUCT/COMPLETED OPERATIONS HAZARD  
PERSONAL INJURY  
BROAD FORM PROPERTY DAMAGE  
EXPLOSION AND COLLAPSE (If applicable)  
UNDERGROUND HAZARD (If applicable)

**LIMITS OF LIABILITY  
MINIMUM - EACH OCCURRENCE****BODILY INJURY**

Per Person	\$ 1,000,000
Each Occurrence	\$ 2,000,000
Property Damage	\$ 1,000,000

**OR****Bodily Injury****AND****Property Damage**

Combined	\$ 1,000,000
----------	--------------

**SPECIAL TERMS AND CONDITIONS****ARIZONA  
DEPARTMENT OF CORRECTIONS****SOLICITATION NO. DC040307****PAGE NO. 7****Insurance Cont'd****Comprehensive Auto Liability  
Including Owned, Hired and  
Non-Owned****Same as above****Umbrella Liability****Necessary if underlying  
not above minimum****Worker's Compensation of  
Employer's Liability  
Statutory (each accident)****\$ 500,000**

\*\*\*\*\*

**Other, if any - personal liability**

\*\*\*\*\*

State of Arizona, its Departments, Boards and Commissions must be added as additional insurers, as required by Statute, Contract or other request. It is agreed that any insurance available to the contractor shall be primary of other sources that may be available.

It is further agreed that no policy shall expire, be canceled or materially changed to affect the coverage available to the State without thirty (30) days written notice to the State. **THE INSURANCE CERTIFICATE IS NOT VALID UNLESS COUNTERSIGNED BY AN AUTHORIZED REPRESENTATIVE OF THE INSURANCE COMPANY.**

**Insurance**

The successful contractor, will have five (5) days after receipt of written notice to submit a copy of the attached Certificate of Insurance, form DOC221A.

**NOTE: No other Certificate of Insurance Form is acceptable. A copy of complete DOC221A must be forwarded to:**

Arizona Department of Corrections  
Central Purchasing Unit, MC 55302  
1601 W. Jefferson  
Phoenix, Arizona 85007

**ATTENTION: Contract DC040307**

**SPECIAL TERMS AND CONDITIONS****ARIZONA  
DEPARTMENT OF CORRECTIONS****SOLICITATION NO. DC040307****PAGE NO. 8****1.16 Contraband**

1.16.1 Contraband means any dangerous drug, narcotic drug, intoxicating liquor of any kind, deadly weapon, dangerous instrument, explosive or any other article whose use of or possession would endanger the safety, security or preservation of order in a correctional facility or any person therein. (Any other article includes any substance which could cause abnormal behavior, i.e., marijuana, nonprescription medication, etc.)

Promoting prison contraband A.R.S. § 13-2505:

A person, not otherwise authorized by law, commits promoting prison contraband:

- ° By knowingly taking contraband into a correctional facility or the grounds of such a facility; or
- ° By knowingly conveying contraband to any persons confined in a correctional facility; or
- ° By knowingly making, obtaining, or possessing contraband while being confined in a correctional facility.

Promoting Prison Contraband is a Class 5 felony.

**1.17 Rejection of Bids**

1.17.1 The Arizona Department of Corrections, at its discretion may reject any and/or all bids.

**1.18 Evaluation**

1.18.1 This contract shall be awarded to the lowest, responsive, responsible vendor meeting the minimum specifications and requirements set forth in this Request for Quotation, including criteria to determine acceptability such as inspection, testing, quality, workmanship, delivery and suitability for the specified purpose.

**1.19 Ordering Process**

1.19.1 Upon award of this contract by the Arizona Department of Corrections, any designated Institution may procure the specific material and/or service awarded by the issuance of a purchase order to the appropriate Contractor. Each purchase order must cite the correct Arizona Department of Corrections Contract Number. A purchase order for the awarded material and/or service that cites the correct Arizona Department of Corrections Contract Number is the only document required for the institution to order and the Contractor to deliver the material and/or service.

**SPECIAL TERMS AND CONDITIONS****ARIZONA  
DEPARTMENT OF CORRECTIONS****SOLICITATION NO. DC040307****PAGE NO. 9****1.20 Billing**

1.20.1 All billing notices to the Institution shall identify the specific item(s) being billed. Items are to be identified by the Name, Model Number, and/or Serial Number most applicable. Any purchase order issued by the Institution(s) shall refer to the contract number.

**1.21 Definition of Unit of Measure**

1.21.1 For the purpose of definition and clarification for this contract, the following codes have been established to abbreviate standard units of measure of line items contained herein:

Codes	Unit of Measure Definition
CS	Case

**1.22 Eligible Agencies**

1.22.1 Any contract resulting from this solicitation shall be for the exclusive use of the Arizona Department of Corrections.

**1.23 Taxes**

1.23.1 Prices offered shall not include applicable State and Local taxes. The Department will pay all applicable taxes. Taxes must be listed as a separate item on all invoices.

**1.24 Usage Reports**

1.24.1 It is an express condition of any award that the vendor shall provide the Department with a quarterly report delineating the number of items by type and the dollar value of acquisitions.

**1.25 Price Adjustment**

1.25.1 The Department will review fully documented requests for price increases after any contract has been in effect for one (1) year. Any price increase adjustments will only be made at the time of the contract extension and will be a factor in the extension review process. The Department of Corrections will determine whether the requested price increase or an alternate option, is in the best interest of the Department. Any price adjustment will be effective upon the effective date of the contract extension.

**1.26 Invoicing**

1.26.1 A legible and detailed invoice shall be provided by the vendor upon delivery. The invoice shall reference at a minimum, the Department's purchase order number, description, part number and the correct discounted price including applicable taxes.

**SPECIAL TERMS AND CONDITIONS****ARIZONA  
DEPARTMENT OF CORRECTIONS****SOLICITATION NO. DC040307****PAGE NO. 10****1.27 Notice Warning**

1.27.1 Any person who takes into or out of or attempts to take into or out of a correctional facility or the grounds belonging to or adjacent to a correctional facility, any item not specifically authorized by the correctional facility, shall be prosecuted under the provisions of the Arizona Revised Statutes. All persons, including employee and visitors, entering upon these confines are subject to routine searches of their persons, vehicles, property or packages.

Definition A.R.S. § 13-2501:

**1.28 Product Discontinuance**

1.28.1 In the event that a product or model is discontinued by the manufacturer, the Department at its sole discretion, may allow the contractor to provide a substitute for the discontinued item. The contractor shall request permission to substitute a new product or model and provide the following:

1.28.2 A formal announcement from the manufacturer that the product or model has been discontinued.

1.28.3 Documentation from the manufacturer that names the replacement product or model.

1.28.4 Documentation that provides clear and convincing evidence that the replacement meets or exceeds all specifications required by the original solicitation.

1.28.5 Documentation that provides clear and convincing evidence that the replacement will be compatible with all the functions or uses of the discontinued product or model.

1.28.6 Documentation confirming that the price for the replacement is the same as or less than the discontinued product or model.

**SPECIAL TERMS AND CONDITIONS****ARIZONA  
DEPARTMENT OF CORRECTIONS****SOLICITATION NO. DC040307****PAGE NO. 11****1.29 Millennium Compliance****1.29.1 Hardware, Software, or Firmware Contracts:**

1.29.1.1 Notwithstanding any other warranty or disclaimer of warranty in this contract, the contractor warrants that each hardware, software, and firmware product delivered under this contract shall be able to accurately process date/time data (including but not limited to calculating, comparing, and sequencing) from, into, and between the twentieth and twenty-first centuries, and the years 1999 and 2000 and leap year calculations, to the extent that other information technology utilized by the State in combination with the information technology being acquired under this contract properly exchanges date/time data with it. If this contract requires that the information technology products being acquired perform as a system, or that the information technology products being acquired perform as a system in combination with other State information technology, then this warranty shall apply to the acquired products as a system. This warranty shall survive the expiration or termination of this contract. The remedies available to the State for breach of this warranty shall include, but shall not be limited to, repair and replacement of the information technology products delivered under this contract. In addition, the defense of force majeure shall not apply to the failure of the contractor to perform any specification requirements as a result of any date-related data Year 2000 issues.

**1.29.2 Contracts not involving Hardware, Software or Firmware:**

1.29.2.1 Notwithstanding any other warranty or disclaimer of warranty in this contract, the contractor warrants that all products delivered and all services rendered under this contract shall comply in all respects to performance and delivery requirements of the specifications and shall not adversely affected by any date-related data Year 2000 issues. This warranty shall survive the expiration or termination of this contract. In addition, the defense of force majeure shall not apply of the contractor's failure to perform specification requirements as a result of any date-related data Year 2000 issues.

**SPECIFICATIONS****SOLICITATION NO.** DC040307**ARIZONA**  
**DEPARTMENT OF CORRECTIONS**  
**PAGE NO. 12****2** **TASK**

2.1 Vendor is requested to provide pricing to furnish and deliver, **F.O.B. Destination Freight Prepaid, Alcohol Saliva Test** to the following Arizona Department of Corrections location:

2.1.1 Community Corrections  
363 North First Avenue  
Phoenix, Arizona 85003

**3** **SCOPE**

3.1 The intent of this solicitation is to allow the Arizona Department of Corrections to enter into a contract(s) for the procurement of the following specified products, as specified in General Specifications/Requirements, at a fixed price for a **twelve (12)** month period.

**4** **GENERAL SPECIFICATIONS/REQUIREMENTS**

4.1 Vendor is required to provide the following minimum specifications:

4.1.1 Rapid, highly sensitive method to detect the presence of alcohol in saliva and provide an approximation of relation blood alcohol concentration.

4.1.2 One step, two minute test that requires no instrumentation, calibration or special training to be used effectively.

4.1.3 24 individual foil test pads per box.

**Chematics, Inc, Alco Screen Alcohol Test**  
**Model No. 5001-25 or equal.**

**Vendor Offers:** \_\_\_\_\_

**Mfg.:** \_\_\_\_\_

**Model #:** \_\_\_\_\_

**Test pads per box** \_\_\_\_\_

4.2 This Solicitation No. DC040307 will be the only formal contract that will be issued. The Arizona Department of Corrections will not enter into or sign any other form of contract or agreement(s) from the vendor of award.

**PRICE SHEET****SOLICITATION NO. DC040307****ARIZONA  
DEPARTMENT OF CORRECTIONS  
PAGE NO. 13****5 PRICING****Unit Price Per Box**

5.1 Alcohol Saliva test

\$ \_\_\_\_\_

Sub Total

\$ \_\_\_\_\_

Taxes

\$ \_\_\_\_\_

Total

\$ \_\_\_\_\_

**NOTICE:**

The vendor acknowledges that all products delivered and all services rendered under any contract resulting from this solicitation shall comply in all respects to performance and delivery requirements of the specifications and shall not be adversely affected by any date-related Year 2000 issues. The vendor further acknowledges that the defense of force majeure shall not apply to its failure to perform specification requirements as a result of any date-related data Year 2000 issues.

SALES TAX PERCENT: \_\_\_\_\_%, (See Uniform Instructions to Offerors for Formal Solicitation, Paragraph 3.10.)

PROMPT PAYMENT DISCOUNT: The price(s) quoted herein can be discounted by: \_\_\_\_\_%, if payment is made within \_\_\_\_\_ days.

**PLEASE CHECK THE APPROPRIATE SELECTION BELOW THAT APPLIES TO YOUR COMPANY:**

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> 0. Non-Small/Non-Minority/Non-Disabled     | <input type="checkbox"/> 1. Small Business                                | <input type="checkbox"/> 2. Minority Owned Business        | <input type="checkbox"/> 3. Women Owned Business                 |
| <input type="checkbox"/> 4. Owned By Disabled Individual            | <input type="checkbox"/> 5. Small Business/Minority Owned                 | <input type="checkbox"/> 6. Small Business/Women Owned     | <input type="checkbox"/> 7. Small Business/Disabled Owner        |
| <input type="checkbox"/> 8. Minority-Women Owned Business           | <input type="checkbox"/> 9. Disabled-Minority Owner Business              | <input type="checkbox"/> 10. Disabled-Women Owned Business | <input type="checkbox"/> 11. Small Business/Minority-Women Owned |
| <input type="checkbox"/> 12. Small Business/Disabled-Minority Owned | <input type="checkbox"/> 13. Small Business/Disabled-Minority-Women Owned |  |  |



**CERTIFICATE OF INSURANCE****SOLICITATION NO. DC040307**

**ARIZONA STATE  
DEPARTMENT OF CORRECTIONS  
1601 W. Jefferson  
MC #55302  
PHOENIX, ARIZONA 85004**

**VENDOR**

**COMPANY  
LETTER**

**COMPANIES AFFORDING  
COVERAGE**

**Current  
A.M. Best  
Rating**

**NAME AND ADDRESS OF INSURANCE AGENCY:****A****B****NAME AND ADDRESS OF INSURED:****C****D**

**This Is to Certify that the Policies of Insurance listed below have been issued to the Insured Named above for the Policy period indicated.**

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YR)	POLICY EXPIRATION DATE (MM/DD/YR)	LIMITS (.000)
	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> Commercial General Liability <input checked="" type="checkbox"/> Occurrence- Claims Made <input checked="" type="checkbox"/> Owner's & Contractors Prol. <input checked="" type="checkbox"/> Per Project <input checked="" type="checkbox"/> Product/Completed Operations				Commercial Aggregate Products-Comp/OP AGG. \$ _____ Personal & ADV. Injury \$ _____ Each Occurrence \$ _____ Fire Damage (Any One Fire) \$ _____ Med. Expenses (Any One Person) \$ _____
	<b>AUTOMOBILE LIABILITY</b> Any Auto All Owned Autos All Owned Autos (Other than Priv. Pass) Scheduled Autos Hired Autos Non-Owned Autos Garage Liability				Bodily Injury (Per Person) \$ _____ Bodily Injury (Per Accident) \$ _____ Property Damage \$ _____
	<b>PROFESSIONAL LIABILITY</b> <input type="checkbox"/> Type _____ <input type="checkbox"/> Claims Made <input type="checkbox"/> Occurrence				Each Occurrence \$ _____ Aggregate \$ _____
	<b>EXCESS LIABILITY</b> Umbrella Form Other than Umbrella Form				Each Occurrence \$ _____ Aggregate \$ _____
	<b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b>				<b>Statutory Limits</b> Each Accident \$ _____ Disease-Policy Limit \$ _____ Disease-Each Employee \$ _____
	<b>Builders Risk</b>				
	<b>Other</b>				

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS:**

STATE OF ARIZONA AND THE DEPARTMENT NAMED ABOVE ARE ADDED AS ADDITIONAL INSURERS AS REQUIRED BY STATUTE, CONTRACT, PURCHASE ORDER OR OTHERWISE REQUESTED. IT IS AGREED THAT ANY INSURANCE AVAILABLE TO THE NAMED INSURED SHALL BE PRIMARY OF OTHER SOURCES THAT MAY BE AVAILABLE.

IT IS FURTHER AGREED THAT NO POLICY SHALL EXPIRE, BE CANCELED OR MATERIALLY CHANGED TO AFFECT THE COVERAGE AVAILABLE TO THE STATE WITHOUT THIRTY (30) DAYS WRITTEN NOTICE TO THE STATE. THIS CERTIFICATE IS NOT VALID UNLESS COUNTERSIGNED BY AN AUTHORIZED REPRESENTATIVE OF THE INSURANCE COMPANY.

**CERTIFICATE HOLDER/ADDITIONAL INSURED**  
 Arizona Department of Corrections  
 1601 W. Jefferson, M/C 55302  
 Phoenix, AZ 85007  
 Attn: Margie Silva

**AUTHORIZED REPRESENTATIVE OF THE INSURANCE COMPANY**

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_